



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Y. LJUBIMOVA, et al.

Serial No: 09/741,550
Filed: December 19, 2000
For: USING OVEREXPRESSION OF LAMININ ALPHA 4
SUBUNIT AS A DIAGNOSTIC INDICATOR OF
MALIGNANT TUMORS

Art Unit: 1634
Examiner: J.A. GOLDBERG

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450, on
March 21, 2005
Date of Deposit
Heather B. Centurioni
Name
Signature *[Signature]* 03/21/05
Date

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status has been claimed. See 37 CFR § 1.27.
- ☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
- ☒ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	26	-	74**	0	LG=\$50 SM=\$25	\$25	\$ 0
INDEPENDENT CLAIMS FEE	5	-	7***	0	LG=\$360 SM=\$180	\$180	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed.
- ☐ A check in the amount of \$___ to cover the extension fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-2899, referencing docket number 16037.900300.
 - ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
LINER YANKELEVITZ
SUNSHINE & REGENSTREIF LLP

By: *[Signature]*
Stefan J. Kirchanski
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PATENT

Attorney Docket No: 16037.900300

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Julia Y. LJUBIMOVA, et al.

Serial No: 09/741,550

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Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

I hereby certify that

- ☒ two copies of Amendemnt Transmittal Sheet
- ☒ Request for Extension of Time (2 months)
- ☐ certified copy of __ patent application No. __ which was filed __ from which priority is claimed in the subject case pursuant to 35 U.S.C. § 119
- ☐ Preliminary Amendment
- ☐ Assertion of Small Entity Status under 37 CFR 1.27
- ☐ Request And Certification Under 35 U.S.C. 122(b)(2)(B)(i) for non-publication
- ☐ Information Disclosure Statement, __ references ☐ listed ☐ enclosed.
- ☒ return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service with sufficient postage under 37 C.F.R. § 1.10 on the date indicated above and are addressed to:

Commissioner for Patents
Washington, D.C. 20231.

Date: March 21, 2005

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Name of person mailing papers

Signature